

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)
To:

- Discuss Pregnancy Counseling IAW AR 635-200, Chapter 8.
- Discuss Pregnancy Election statement.
- Inform soldier of possible agencies that could provide assistance.
- Possible Family Care Plan upon arrival of child.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

On (Date) _____, I was informed that you are pregnant. As the Commander, I am required to counsel you concerning your rights and options pertaining to pregnancy. At the conclusion of this counseling session, you will be given up to 7 days in which to make your decision. You have the following options:

1. You may choose to remain in the service or separate from the service. You may request a specific separation date. However, the separation authority and your military physician will determine the separation date. The date must not be later than 30 days before the expected date of delivery, or the latest the date your military physician will authorize you to travel to your HOR or EOD destination, whichever is earlier.
2. If you remain on active duty, you will receive treatment in a military facility, or in a civilian facility if there is no military maternity care available within 30 miles of your location. If you separate, you are authorized treatment only in a military facility at government expense.
3. You may request ordinary, advance, and excess leave in order to return home, or other appropriate place for the birth of your child or to receive other maternity care. Such leave usually terminates with onset of labor. Nonchargeable convalescent leave for postpartum care is limited to the amount of time essential to meet your medical needs.
4. Military maternity uniforms will be provided to you.
5. BAQ and post housing depends upon the status of quarters at your installation. See the local housing office for more information.
6. You will not normally receive PCS orders directing movement overseas during your pregnancy. However, you will be considered available for unrestricted worldwide assignment upon completion of postpartum care. If overseas, you remain assigned overseas.
7. If your performance or conduct warrant separation for unsatisfactory performance or misconduct, or if parenthood interferes with your duty performance, you may be separated involuntarily even though you are pregnant.
8. You must have an approved Family Care Plan on file stating actions to be taken in the event you are assigned to an area where dependents are not authorized or you are absent from your home on military duty. Failure to develop an approved family care plan will result in a bar to reenlistment.

Should you desire assistance in gathering additional information on the above subjects, I will assist you in location the appropriate information. Further, if you desire, I will assist you in contacting the American Red Cross or other appropriated agencies.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

Soldier stated that she understood the counseling was provided a copy of the counseling and a copy of the memorandum of election she will be required to sign upon the conclusion of her 7 days. The soldier was directed to return to my office on (date at least 7 days from the date of counseling) _____.

- Soldier was asked if she needed any assistance.
- Discussed agencies that could provide assistance.
 - AER
 - ACS
 - CHAPLAIN
 - COMMUNITY HEALTH NURSE
 - PRENATAL UNIT
 - RED CROSS
 - WIC
- Requested that the soldier inform me immediately if she requires any assistance.
- Briefly reviewed family care plan requirements with soldier.
- Gave soldier copy of election statement.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

- Conduct follow-up counseling.
- Monitor soldier's pregnancy.
- Schedule follow-up.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

OFFICE SYMBOL _____

Date: _____

MEMORANDUM FOR COMMANDER

SUBJECT: Election Concerning Retention or Separation From Service Base Upon Pregnancy

I affirm that I have been counseled by (Rank/Name) _____ on (date) _____, concerning all items on the attached counseling checklist or DA Form 4856. I understand my entitlements and responsibilities. I understand that if I elect separation I may receive maternity care at Department of Defense expense, on a space available basis for up to 6 weeks postpartum for the birth of my child only in a military medical treatment facility which has maternity care capability and that I may elect a separation date no later than 30 days prior to expected date of delivery, or latest day my physician will authorize me to travel, whichever is earlier. Further, I understand that many military medical treatment facilities cannot provide maternity care and that unforeseen circumstances or medical emergency could force me to use civilian medical treatment facilities following separation from active duty. Should this happen, I fully understand that **UNDER NO CIRCUMSTANCES** can TRICARE, any military department, or the Veterans Administration reimburse my civilian maternity care expenses. Such costs will be a matter of my personal responsibility. Further, I understand that the separation authority, in conjunction with my military physician and the needs of the Army, will determine my separation date. I also understand that if I should remain on active duty, I will be expected to fulfill the terms of my enlistment contract. If I elect to remain on active duty, I understand that I must remain available for unrestricted service worldwide basis when directed and that I will be afforded no special consideration in duty assignments or duty stations based upon my status as a parent.

Signature of Soldier: _____ Date: _____

To: _____ (Printed Name of Soldier) From: _____ (Printed Name of Commander/Unit) Date: _____

Request your election of appropriate option indicated below and return within _____ days.

(Commander's Signature Block)

To: _____ (Printed Name of Commander/Unit) From: _____ (Printed Name of Soldier) Date: _____

_____ During this counseling session, there was no coercion on the part of the counselor influencing my decision.

_____ I elect separation for reason of pregnancy per AR 635-200, Chapter 8. I desire to remain on active duty until (enter desired date) _____ (in no case later than 30 days prior to expected date of delivery.)

_____ I elect to remain on active duty to fulfill the terms of my enlistment contract.

(Soldiers Signature, Typed Name, Rank, SSN)